CLASSES/ACTIVITY REGISTRATION FORM

City of Alexandria Department of Recreation, Parks & Cultural Activities

Class Questions? Recreation Program Office hours are 8am-5pm, M-F Call 703.746.5414 or TTY 703.838.4902

PLEASE READ REFUND POLICY BEFORE REGISTERING

| | | | ASE PRINT - * Require | 2d Information | | | | | |
|--|--|--|--|--|---|--|--|----------------------|--|
| Name of H | lead of Household | (First/Last) | | Chec | ck if change of | Address □ P | hone □ Email – Effect | ive Date | |
| Address | | | | *City, State, Zip | | | | | |
| Home Phor | ne | W | ork Phone Cell Phone | | | | | | |
| Head of Ho | ousehold Birthday | / | *Male/Female? (C | ircle) Email Address | | | | | |
| . ACTIVI | ITY REGISTRAT | ION (Please fill ou | t <u>completely</u> . Attach an | additional sheet if necessary) | | | | | |
| Part | ticipant's Name | Gender M/F | Date of Birth | Activity Title | | vity# | Start Date | Fee | |
| | Joey Sample | M | 2/4/1976 | Water Aerobics | 1105 | 07-02 | 9/21 | \$150 | |
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| | TIGHT TIGHT BETTBETTE - Classes that have not met the infilling humber of emolices are cancelled approximately one week before the | | | | | Total Listed F | ees | | |
| start date. Participants are notified of cancelled classes by phone or email and give for refund. | | | | a credit unless a retund is requested. Please allow 4-6 weeks | | | duct Account Credits - | | |
| Maka | chocks povoblo | to "City of Alo | vandria | | | Nonresident F | | | |
| Make checks payable to "City of Alexandria | | | | TOTAL | | | this Amount) | \$ | |
| Hold Harmle realizing the claims or liab | risk of injury attendant to such bility resulting from or arising | ation of the City of Alexand ch programs, does hereby a g out of or based upon any | and forever discharge the City of Al podily injury or property damage v | ks and Cultural Activities, conducting various exandria, Department of Recreation, Parks an which may be sustained by the undersigned or the | d Cultural Activitie he undersigned's ch | s and its officer nild while partic | rs, agents, and employees to cipating in such programs. | from any and all a | |
| _ | | | UNSIGE | END REGISTRATION FORMS ARE RETURNED A | | | IN CLASS | | |
| assessed a \$1 requested in | 10 service charge (\$25 camps | s). All refund requests must lled one week prior to the s | be received no later than the date tart date if they have not met minin | submitted at least one week prior to the start o of the second class. If the activity is full or on mum enrollment. Refunds for cancelled activity | ancelled, all partici | pants are given | an automatic refund unles | ss a credit or trans | |
| 4. REGI | 4. REGISTRATION METHOD | | | | | | For Office Use Only: | | |
| Lee Center | Lee Center 703-8 1108 Jefferson Street | | ne/TeleTrac 838-4969 | Web: www.alexandriava.gov/recreation | | | Check #: Amt: Date Recvd.: Staff: | | |